

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Brookfield
City Brookfield

Registration District No. 496

Primary Registration District No. 3025

(No. 4)

File No. 26310

Registered No. 58

St. Mo. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

50 yrs.

St.

Ward

(If nonresident, give city or town and State)

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR Widowed (Specify the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Minnie Burch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10/24/1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

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OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year).....

11. Total time (years)
spent in this
occupation.....

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Evansville

Ind

FATHER

13. NAME

John Burch

Syracuse

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

N.Y

MOTHER

15. MAIDEN NAME

Elizabeth Nixon

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Lexington,

KY.

17. INFORMANT
(ADDRESS)

Charles Burch

Brookfield

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Rose Hill

DATE 8/3/33

19

19. UNDERTAKER
(ADDRESS)

C.W. Hill

Brookfield

20. FILED

8-3

1933

E. Jenkins

Registrar

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/1/33, 19 33

22. I HEREBY CERTIFY, That I attended deceased from

Jan 6, 1932 to Aug 1, 1933

I last saw him alive on Aug 1, 1933 Death is said

to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach

Other contributory causes of importance: Secondary Anemia

Name of operation NONE Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James Evans M. D.

(Address) Brookfield Mo

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